	Under the Papers	work Redu	A DEED	2 23/ 2 295 no ne	reone a	re required to	respond	U.S.Par	ent a	Appro and Tradema of informati	wed for use the	DEPA	PTO. 0/31/2002. O RTMENT OF	/SB/06 (08-00 MB 065) -003 F COMMERS)) 2 E	
PATENT APPLICATION FEE DETERMINATION RECORD CLAIMS AS FILED - PART I (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE RATE FEE																
CLAIMS AS FILED - PART I (Column 1) (Column 2)										SMALL	ENTITY	OR	OTHE T	MAN O		A.
FOR NUM				ER FILED		NUMBEI	NUMBER EXTRA			RATE	FEE	1	RATE	10	10	,O
(37	SIC FEE CFR 1.16(a))		355							244	s	OR	1000 M	s		
TOTAL CLAIMS (37 CFR 1.16(c))			2.4 minus 20 =			* 4			1	x \$_9_=	36	OR	x \$=]	
	EPENDENT CLA CFR 1.16(b))	AIMS	1 minus 3 =			*			1	x=		OR	x=	ļ	1	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))										+=		OR	+=]	
+ ILP	e difference in colur	nn 1 is less	ihen zero, e	nter "O" in colum	ın 2					TOTAL	391	OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										SMALL	ENTITY	OR	OTHER T			
AMENDMENT A		CLA REMA AFT AMENI	INING	NI. PREV		IGHEST IUMBER EVIOUSLY AID FOR		ESENT XTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	* 66		Minus	**	24	=	42	1	x \$ 9 =	378	OR	x \$=			
	Independent (37 CFR 1.16(b))	* 6		Minus	***	· 3	=	3.	1	× 40_=	120	OR OR	x=			
	FIRST PRESENTATION OF MULTIPLE DEP					ENDENT CLAIM (37 CFR 1.16(d))			1	+=	-	OR	+=	l li	į s	ā (
(Column 1) (Column 2) (Column 3)										TOTAL ODIT. FEE	493	OR	TOTAL DDIT. FEE		8	2 6
AMENDMENT B		REMA AFT	IMS INING ER OMENT	NI PRE		IGHEST TUMBER EVIOUSLY AID FOR		ESENT XTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI-LI TIONALI FEE	S. G.	TC 1700
	Total (37 CFR 1.16(c))	*		Minus		**		=		× \$=		OR	x \$=			
	Independent (37 CFR 1.16(b))	•		Minus ***			-	=		x=		OR OR	x=			
	FIRST PRESENTATION OF MULTIPLE DE					PENDENT CLAIM (37 CFR 1.16(d))				+=		OR	+=		1	
. (Column 1) (Column 2) (Column 3)										TOTAL DDIT. FEE		OR	TOTAL DDIT. FEE			
AMENDMENT C		CLA REMA AFI AMEN		VING N		IGHEST UMBER VIOUSLY AID FOR	BER PRE			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	*	Minus		**		=			x \$=		OR	x \$=			
	Independent (37 CFR 1.16(b))	*	·	Minus			=	-		×=		OR OR	x=	,		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							R 1.16(d))		+=		OR	+=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												OR	TOTAL DDIT. FEE			

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the smount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tro Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner Patents, Washington, DC 20231.

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MARK P. STONE

Reg. N . 27,954